

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

CVS/Caremark Corporation Employees PAC

ADDRESS (number and street)

1300 Eye Street, NW

Suite 525W

☒

(Check if address is changed)

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address is changed)

heather.cutler@caremark.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address is changed)

2. DATE 

M	M
0	4

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	1

3. FEC IDENTIFICATION NUMBER

C C00384818

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Heather A CutlerSignature of Treasurer Electronically Filed by Heather A Cutler

Date

M	M
0	4

 / 

D	D
2	0

 / 

Y	Y	Y	Y
2	0	1	1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)